of heterosexually transmitted AIDS cases among females were attributed to sex with a bisexual male, and 2% to sex with a recipient of contaminated blood products (a hemophiliac or transfusion/transplant recipient). In 1995 a shift is again observed to the category of sex with a person with unspecified HIV/AIDS risk at 62% of 1995 female cases. Declines were observed for sex with men who are IDUs (30%) and with men who have sex with men (5%). Sex with recipients of contaminated blood products represented approximately the same risk to females in 1995 as for the whole observation period (1982-1995) (Table 2.5.11 and Figure 2.5.4).

2.5.4.5. Joint Attribution of Risk: Single and Multiple Exposures

Table 2.5.12 presents cumulated AIDS cases diagnosed through 1995, and disaggregated according to risk exposures, single or multiple. Eighty-four percent of these cases were associated with a single exposure category. Of the remaining 16%, only 1% were linked to more than two risk factors. The category of men having sex with men emerged as a risk factor in 72% of cases. Where this was the sole risk factor listed, it accounted for 62% of total cases. Injecting drug use, the second most prominent risk factor, was linked to 21% of AIDS cases diagnosed through 1995. Heterosexual contact, ranking third in importance, was documented as a risk factor in 15% of cases. Injecting drug use and heterosexual contact were each linked as sole risk factors to 10% of total cases. Only in 2% of the AIDS cases was a risk factor neither identified nor reported.

2.5.4.6. Opportunistic Illnesses by Exposure Categories

Table 2.5.13 shows that certain opportunistic illnesses associated with AIDS are more likely to occur in certain exposure groups than others. Those selected for display in the table are among the most common OIs. Among the results of this analysis are that Kaposi's sarcoma and, to a lesser extent, pneumocystis carinii pneumonia were more frequently diagnosed among AIDS cases whose exposure was either MSM or the combination of MSM and IDU. Pulmonary tuberculosis was much more often diagnosed among those exposed through IDU than other exposures. Wasting syndrome was somewhat more common among cases whose exposures were IDU, heterosexual sex or receiving contaminated blood products. A higher percentage of AIDS cases who were recipients of contaminated blood products were diagnosed with esophageal candidiasis. This brief and selective analysis suggests the importance of using surveillance data for profiling subgroups of AIDS and HIV cases for needs assessment and prevention planning. However, it is again emphasized that OIs among AIDS cases are under-reported to an unknown extent.